STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155752	A. BUILDING 01 B. WING _____	07/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE NURSING AND MEMORY CARE CENTER	18325 BAILEY AVE SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/17/12 Facility Number: 004732 Provider Number: 155752 AIM Number: 200808300 Surveyor: Robert Booher, Life Safety Code Specialist At this Life Safety Code survey, Morningside Nursing and Memory Care Center was found in compliance with 410 IAC 16.2-3.1-19(ff). This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The original building, south wing, was constructed in 1952 with the north wing added in 1962. The entire building was remodeled in 2005 and opened as New construction. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Fourteen of the resident rooms have hard wired smoke detectors, and the other three, rooms 110, 111 and 114, have battery powered smoke detectors. The facility has a capacity of 40 and had a census of 37 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage. All areas where the residents have customary	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 000	Continued From page 1 access were sprinklered except the covered patio which was open on all sides. All areas providing facility services were sprinklered except the 20 by 40 foot wood storage building used for storage which was not sprinklered. Quality Review by Dennis Austill, Life Safety Code Supervisor on 07/23/12.	K 000		